STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

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PLEASE PRINT

| I. Name of Lobbyist(s) | Robert T | T Salley | 1 | NEW HADYLONDER DEPARTMENT OF STATE |
|---|--|-------------------------|---|------------------------------------|
| II. Name of lobbyist's par | tnership, firm or co | poration, if any: |) | · |
| 11 | oartnership, firm or corp | | iation | |
| P.U.Box389 Business Address: (Street) | | Concord (Town/City) | NH (State) | (25309 (Zip Code) |
| (603) <u>224-7337</u> (Telephone) | (<i>W</i> 3) | 225-936) (Fax) | e-mail YSCu | lleyanhmtq.org |
| III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). | | | | |
| All reportable transactions occurring in the months prior to the reporting date relative to the following client: | | | | |
| New Hampshire Motor Transport Association | | | | |
| (Full Name of Client as it appears on the Lobbyist Registration Form) | | | | |
| OR ☐ All reportable transaction unrelated to any particular cl | s by the lobbyist (inclient. | uding the lobbyist's f | amily), or the lobbying f | irm listed below which are |
| | il 26, 2017 In date of registration 16 | 3/31/17 activit | July 26, 2017 [] y from 4/1/17 to 6/30/17 | |
| | ober 25, 2017 Y from 7/1/17 to 9/30/17 | | January 31, 2018 🗌 ty from 10/1/17 to 12/31/17 | |
| V. There have been uo fe If this box is checked, comple Concord, NH 03301. | | | | |
| VI. Check if additional repo | orts are attached: | | | |
| ☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses | | | | |
| ☐ If you have paid an honor Expense Reimbursement | rarium or reimbursed | expenses, you must fi | le Addendum B- Repor | t of Honorariums or |
| ☐ If you, your firm, or your | family has made poli | tical contributions, yo | u must file Addendum | C- Political Contributions |
| Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of my | B, RSA 14-C and RS | | ear or affirm that the fore | going information is true |
| Vac Cula | | | (Date) | 7 |
| (Signature of lobby st) (Print Name of lobby ist) | Coury | - | (Date) | |